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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/057,649
Filing Date	01/25/2002
First Named Inventor	Sverre Paaske, Molde
Art Unit	1654
Examiner Name	Michele Flood
Attorney Docket Number	MEDIS-06906

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

BioMedis Attn: Sverre Paaske
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OR

☐ Firm or
Individual Name

Address

City

State

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Telephone

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Signature

Name

J. Mitchell Jones

Registration No. 44-174

Date

06/13/2005

Telephone No. 608-218-6900

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